HEALTHY SEXUAL DEVELOPMENT

As youth enter puberty, defining their own sexual identity and learning to live responsibly with it is at the forefront of normal developmental challenges.

TENNESSEE DATA



Over the past decade, teen sexual activity and teen birth rates have declined, nationally as well as in Tennessee.

- U.S. teen birth rates declined by 26.2% between 1991 and 2001. Tennessee birth rates have declined by 22.3% during the same time period. However it is important to note that teen birth rates, both nationally and in Tennessee, are substantially higher in the United States compared to other developed countries.
- In 2005, 55% or more than half of all Tennessee high school students reported having had sexual intercourse at least once in their lives compared to 62.4% in 1993.
- In 2005, 8.5% of high school students reported having engaged in sexual intercourse before age 13 compared to 12.6% in 1993. African-American males (23.4%) were almost three times as likely to have engaged is sexual intercourse before age 13 than white males (8.2%).
- Of those currently sexually active students, 57.5% had used a condom during last sexual intercourse compared to 62.8% nationally.
- Also in 2005, 7% of Tennessee's youth had used oral contraceptives whereas nationally 18.4% of high school students reported using oral contraceptives before their last intercourse. This represents a decrease compared to 1993 data which show condom use at 33.8% and oral contraceptives at 9.2%.
- 17% of the sexually active students in Tennessee reported having sexual intercourse with four or more partners compared to 14.3% nationally. This represents a significant decline from 1993 (24.5% students). African-American males (41.5%) were significantly more likely to have had sex with four or more partners than white males (13.7%).

PREVENTION PAYS

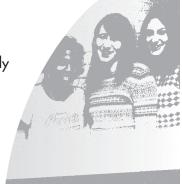


Nationally, teen childbearing costs taxpayers at least \$7 billion each year in direct costs associated with health care, foster care, criminal justice, public assistance and lost tax revenues. (Source: Not Just Another Single Issue, The National Campaign to Prevent Teen Pregnancy (2002).)

BEST PRACTICES



- Parents Parents can have a large role in determining their children's sexual behavior by being clear about their own personal sexual values and attitudes, talking with children early and often about sex, supervising and monitoring children and teens and encouraging success in education.
- Schools Certain well-researched comprehensive sexuality programs have been found to be
 effective in preventing teen pregnancy. Strong abstinence-centered education programs use
 approaches tested in successful comprehensive sexuality education and positive youth
 development programs.
- Communities Pregnancy and sexually transmitted infection prevention programs can include health services, youth development and parent involvement. Health services and other services addressing teen sexual activity must be confidential and accessible.







Tadeength of Stay

Comparison By Year

■ 2001 = 2002 ■ 2003 □ 200

2010 Objectives REDUCE SEXUAL RISK-TAKING BEHAVIOR

 By 2010, decrease the proportion of high school students who report having had sexual intercourse at least once in their lives from the 2005 baseline of 55% to 40%.

REDUCE TEEN PREGNANCIES

 By 2010, reduce teen pregnancies among females ages 15 to 19 years old from the 2003 baseline of 63.8 per 1,000 females to 43 per 1,000 females.

REDUCE RACIAL/ETHNIC DISPARITIES IN TEEN PREGNANCY RATES

- By 2010, reduce teen pregnancy rates among African-American females ages 10-17 from the 2003 baseline of 25.4 per 1,000 females to 13.9 per 1,000 females. (13.9 per 1,000 females is the 2003 rate for all pregnancies.)
- By 2010, reduce teen pregnancies among Hispanic females ages 15-17 from a 2003 baseline rate of 110 per 1,000 females to 43 per 1,000 females (Healthy People 2010 Goal for all 15-17 year olds).

REDUCE CHLAMYDIA INFECTIONS

 By 2010, reduce chlamydia trachomatis infections among girls 15 to 24 years old attending public family planning clinics from the 2003 baseline of 6.8% to 3%.

Websites

Federal Government – Abstinence Programs http://www.acf.hhs.gov/programs/fysb/content/abstinence/index.htm

Kaiser Family Foundation www.kff.org

National Campaign to Prevent Teen Pregnancy www.teenpregnancy.org

Sexuality Information and Education Council of the United States www.siecus.org

Tennessee Department of Health - Abstinence Education Program

http://www2.state.tn.us/health/MCH/abstinenceeducation.htm

Tennessee Department of Health – Teen Pregnancy Prevention Programs

http://www.tennessee.gov/health/itsabouttime/pregnancy fact sheet.pdf

